

APPLICATION FOR  
INTERNATIONAL FUEL TAX AGREEMENT (IFTA) LICENSE  
CONNECTICUT CARRIER

(Rev.8/99)

If registered, enter Connecticut Tax Registration Number.										
								0	0	0
<input type="checkbox"/> Please check if your mailing address has changed, and indicate new address.										

PLEASE READ ALL INSTRUCTIONS ON BACK BEFORE COMPLETING

FOR DRS USE ONLY				1. REASON FOR APPLYING																																																																	
TAX	REC	TR	AD	<input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> REGISTRATION OF ADDITIONAL VEHICLES <input type="checkbox"/> OTHER (EXPLAIN)																																																																	
00				2. PRINT OWNER, PARTNER OR CORPORATE NAME																																																																	
00				3. PRINT TRADE NAME OR REGISTERED NAME IF DIFFERENT FROM (2) ABOVE																																																																	
00				4. PRINT PHYSICAL LOCATION OF BUSINESS (P.O. Box is not acceptable) ZIP + 4																																																																	
00				5. PRINT MAILING ADDRESS OF BUSINESS IF DIFFERENT FROM (4) ABOVE ZIP + 4																																																																	
00				6. PRINT NAME AND HOME ADDRESS OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER ZIP + 4																																																																	
00				7. PRINT NAME AND HOME ADDRESS OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER ZIP + 4																																																																	
GENERAL INFORMATION				8. TYPE OF OWNERSHIP (IF "Other," ATTACH EXPLANATION) <input type="checkbox"/> Other <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company																																																																	
				8A. ORGANIZED UNDER LAWS OF WHAT STATE?																																																																	
10. ENTER NAME(S) OF LESSOR(S) WHO LEASE VEHICLES TO YOU (ATTACH LIST IF NEEDED)				9. Are you currently or have you been registered with another jurisdiction for the International Fuel Tax Agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																	
				9A. If yes, enter name of jurisdiction.																																																																	
11. DESCRIBE IN DETAIL THE TYPE OF BUSINESS YOU OPERATE.				NAME ADDRESS ZIP																																																																	
				NAME ADDRESS ZIP																																																																	
12. DO YOU STORE FUEL IN BULK?				<input type="checkbox"/> YES <input type="checkbox"/> NO    IF "YES," WHERE IS FUEL STORED? _____																																																																	
12A. TYPES OF FUEL USED				____ DIESEL    ____ GASOLINE    ____ ETHANOL    ____ PROPANE    ____ NATURAL GAS ____ A-55    ____ E-55    ____ M-85    ____ GASOHOL    ____ LNG    ____ METHANOL																																																																	
13. ENTER (X) FOR THE JURISDICTIONS IN WHICH YOU OPERATE OR ANTICIPATE OPERATING:																																																																					
<table border="0"><tr><td>____ AL - ALABAMA</td><td>____ ME - MAINE</td><td>____ OH - OHIO</td><td>____ AB - ALBERTA</td></tr><tr><td>____ AZ - ARIZONA</td><td>____ MD - MARYLAND</td><td>____ OK - OKLAHOMA</td><td>____ BC - BRITISH COLUMBIA</td></tr><tr><td>____ AR - ARKANSAS</td><td>____ MA - MASSACHUSETTS</td><td>____ OR - OREGON</td><td>____ NB - NEW BRUNSWICK</td></tr><tr><td>____ CA - CALIFORNIA</td><td>____ MI - MICHIGAN</td><td>____ PA - PENNSYLVANIA</td><td>____ MB - MANITOBA</td></tr><tr><td>____ CO - COLORADO</td><td>____ MN - MINNESOTA</td><td>____ RI - RHODE ISLAND</td><td>____ ON - ONTARIO</td></tr><tr><td>____ CT - CONNECTICUT</td><td>____ MS - MISSISSIPPI</td><td>____ SC - SOUTH CAROLINA</td><td>____ QC - QUEBEC</td></tr><tr><td>____ DE - DELAWARE</td><td>____ MO - MISSOURI</td><td>____ SD - SOUTH DAKOTA</td><td>____ SK - SASKATCHEWAN</td></tr><tr><td>____ FL - FLORIDA</td><td>____ MT - MONTANA</td><td>____ TN - TENNESSEE</td><td>____ NF - NEWFOUNDLAND</td></tr><tr><td>____ GA - GEORGIA</td><td>____ NE - NEBRASKA</td><td>____ TX - TEXAS</td><td>____ NW - NW TERRITORY</td></tr><tr><td>____ ID - IDAHO</td><td>____ NV - NEVADA</td><td>____ UT - UTAH</td><td>____ NS - NOVA SCOTIA</td></tr><tr><td>____ IL - ILLINOIS</td><td>____ NH - NEW HAMPSHIRE</td><td>____ VA - VIRGINIA</td><td>____ PE - PRINCE EDWARD ISLE</td></tr><tr><td>____ IN - INDIANA</td><td>____ NJ - NEW JERSEY</td><td>____ VT - VERMONT</td><td>____ YU - YUKON TERRITORY</td></tr><tr><td>____ IA - IOWA</td><td>____ NM - NEW MEXICO</td><td>____ WA - WASHINGTON</td><td>____ DC - DISTRICT OF COLUMBIA</td></tr><tr><td>____ KS - KANSAS</td><td>____ NY - NEW YORK</td><td>____ WV - WEST VIRGINIA</td><td></td></tr><tr><td>____ KY - KENTUCKY</td><td>____ NC - NORTH CAROLINA</td><td>____ WI - WISCONSIN</td><td></td></tr><tr><td>____ LA - LOUISIANA</td><td>____ ND - NORTH DAKOTA</td><td>____ WY - WYOMING</td><td></td></tr></table>						____ AL - ALABAMA	____ ME - MAINE	____ OH - OHIO	____ AB - ALBERTA	____ AZ - ARIZONA	____ MD - MARYLAND	____ OK - OKLAHOMA	____ BC - BRITISH COLUMBIA	____ AR - ARKANSAS	____ MA - MASSACHUSETTS	____ OR - OREGON	____ NB - NEW BRUNSWICK	____ CA - CALIFORNIA	____ MI - MICHIGAN	____ PA - PENNSYLVANIA	____ MB - MANITOBA	____ CO - COLORADO	____ MN - MINNESOTA	____ RI - RHODE ISLAND	____ ON - ONTARIO	____ CT - CONNECTICUT	____ MS - MISSISSIPPI	____ SC - SOUTH CAROLINA	____ QC - QUEBEC	____ DE - DELAWARE	____ MO - MISSOURI	____ SD - SOUTH DAKOTA	____ SK - SASKATCHEWAN	____ FL - FLORIDA	____ MT - MONTANA	____ TN - TENNESSEE	____ NF - NEWFOUNDLAND	____ GA - GEORGIA	____ NE - NEBRASKA	____ TX - TEXAS	____ NW - NW TERRITORY	____ ID - IDAHO	____ NV - NEVADA	____ UT - UTAH	____ NS - NOVA SCOTIA	____ IL - ILLINOIS	____ NH - NEW HAMPSHIRE	____ VA - VIRGINIA	____ PE - PRINCE EDWARD ISLE	____ IN - INDIANA	____ NJ - NEW JERSEY	____ VT - VERMONT	____ YU - YUKON TERRITORY	____ IA - IOWA	____ NM - NEW MEXICO	____ WA - WASHINGTON	____ DC - DISTRICT OF COLUMBIA	____ KS - KANSAS	____ NY - NEW YORK	____ WV - WEST VIRGINIA		____ KY - KENTUCKY	____ NC - NORTH CAROLINA	____ WI - WISCONSIN		____ LA - LOUISIANA	____ ND - NORTH DAKOTA	____ WY - WYOMING	
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THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS	14. ENTER TOTAL NUMBER OF QUALIFIED VEHICLES TO BE REGISTERED ▶ _____ x \$10 = ▶ \$ _____
	Make check or money order payable to: COMMISSIONER OF REVENUE SERVICES

I declare under the penalties of false statement that I have examined this application, Form CT-IFTA-2, and to the best of my knowledge and belief it is true, complete and correct. Applicant agrees to comply with reporting, payment, recordkeeping and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that base jurisdiction may withhold any refunds due if the applicant is delinquent in paying fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of license in all member states.

X

AUTHORIZED SIGNATURE				TITLE				DATE			
PLEASE DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY											
FOR DRS USE ONLY ▶	TAX	REC	TRANS	REGISTRATION DATE	SIC CODE	TYPE ORG	STATE	LEGAL DATE			
	00	10		/ /				/ /			
	TAX	REC	TRANS	REGISTRATION DATE	START DATE	TOWN	SOURCE	FILE CODE	EXT OPR		
	41			/ /	/ /		1				
	SECURITY NO.		SECURITY DATE		SECURITY AMOUNT	REF. BOND DATE	REF. BOND AMOUNT	REG. YEAR	FEE REMITTED		
		/ /			/ /		00				

— DECALS ARE NOT TRANSFERABLE FROM VEHICLE TO VEHICLE OR FROM COMPANY TO COMPANY —

**DO NOT USE THIS INTERNATIONAL FUEL TAX AGREEMENT (IFTA) APPLICATION TO REQUEST REGULAR MOTOR CARRIER ROAD TAX DECALS. FOR REGULAR MOTOR CARRIER ROAD TAX DECALS, PLEASE REQUEST AND COMPLETE FORM REG-3MC, APPLICATION FOR MOTOR CARRIER ROAD TAX.**

# APPLICATION FOR INTERNATIONAL FUEL TAX AGREEMENT (IFTA) LICENSE

**QUALIFIED MOTOR VEHICLES ARE THOSE THAT ARE USED, DESIGNED OR MAINTAINED FOR TRANSPORTATION OF PERSONS OR PROPERTY AND:**

1. Have two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds or 11,797 kilograms; or
2. Have three or more axles regardless of weight; or
3. Are used in combination, when the weight of such combination exceeds 26,000 pounds or 11,797 kilograms gross vehicle or registered gross vehicle weight.

**The term *qualified motor vehicle* does not include recreational vehicles.**

## INSTRUCTIONS

1. Reason for applying: Indicate new account, registration of additional vehicles, or other reason (renewal, replacement decals, or change of ownership). If there has been a **CHANGE OF OWNERSHIP**, you must apply for a new CT-IFTA Number (use this form, CT-IFTA-2). If you are registered with the Connecticut Department of Revenue Services, enter your Connecticut Tax Registration Number in the upper right corner of this form.
2. Print name of owner, partnership, limited liability company or corporate name. Enter proprietor's name if a sole proprietorship.
3. Print trade or registered name if different from (2) above. A trade or registered name is the name **under which business is** done, but not necessarily the owner's name. Example: If John Travel is the proprietorship entered on line (2), but John T. Trucker Co. is the name chosen by John Travel for his business, then John T. Trucker Co. is the name that he would enter on line (3).
4. Print physical location of business (PO boxes are not acceptable). Indicate where business is actually located.
5. Print mailing address of business if different from (4). Only complete this if different from the business address listed above.
6. Print name and home address of proprietor, partner, LLC member or corporate officer. Identify proprietor, if a sole proprietorship; partners, if a partnership; or officers, if a corporation.
7. Home address of partner, limited liability member or corporate officer.
8. Type of ownership (if other, attach explanation). Indicate the type of business and enter its Federal Employer Identification Number. If it is a sole proprietorship with no employees and is not required to have a Federal Employer Identification Number, enter the proprietor's Social Security number.
- 8A. Enter the name of the state under the laws of which the business is organized.
9. Indicate whether you are currently or were previously registered with another jurisdiction for the International Fuel Tax Agreement.
- 9A. If you checked "Yes," enter the name of the jurisdiction you are currently or were previously registered in for the International Fuel Tax Agreement.
10. Enter name(s) of lessor(s) who lease vehicles to you. Attach list if needed.
11. Describe in detail the type of business you operate.
12. Indicate if you store fuel in bulk and where it is located.
- 12A. Types of fuel used: Enter an "X" to indicate the type(s) of fuel used in your qualified motor vehicles.
13. Enter an "X" indicating the jurisdictions in which you are likely to operate.
14. Indicate the number of IFTA qualified motor vehicles requiring decals. Two numbered decals will be issued for each qualified motor vehicle. One decal must be placed on the lower rear exterior of the passenger side cab door and the matching decal must be placed on the lower rear exterior of the driver side cab door for each vehicle.

This application must be signed by the owner, partner or corporate officer of the company.

**Failure to complete all items on this form will delay your decals.**

Return completed applications to: Department of Revenue Services  
Registration Section  
PO Box 2937  
Hartford CT 06104-2937

Make all checks payable to: Commissioner of Revenue Services

If you need additional information or assistance regarding applications or registering your vehicle(s), please call the Department of Revenue Services, Registration Section, at 860-297-4870, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m.